

**TRANSMUCOSAL FENTANYL CITRATE (ACTIQ, FENTORA, ONSOLIS)  
PA SUMMARY**

**STATUS:** Non-Preferred

**NOTE:** Both brand and generic Actiq are non-preferred.

**LENGTH OF AUTHORIZATION:** 1 Year

**PA CRITERIA:**

- ❖ Approvable for the diagnosis of breakthrough cancer pain in members currently on long-acting narcotic therapy who are unable to swallow or who have uncontrollable nausea and vomiting

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827.**

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process please go to [www.ghp.georgia.gov](http://www.ghp.georgia.gov), select the Provider Information tab, click on “view full text” in the Pharmacy Services box, click on “Prior Approval Process” in the list on the left.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limit please go to [www.ghp.georgia.gov](http://www.ghp.georgia.gov), select Provider Information, click on “view full list” in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.